

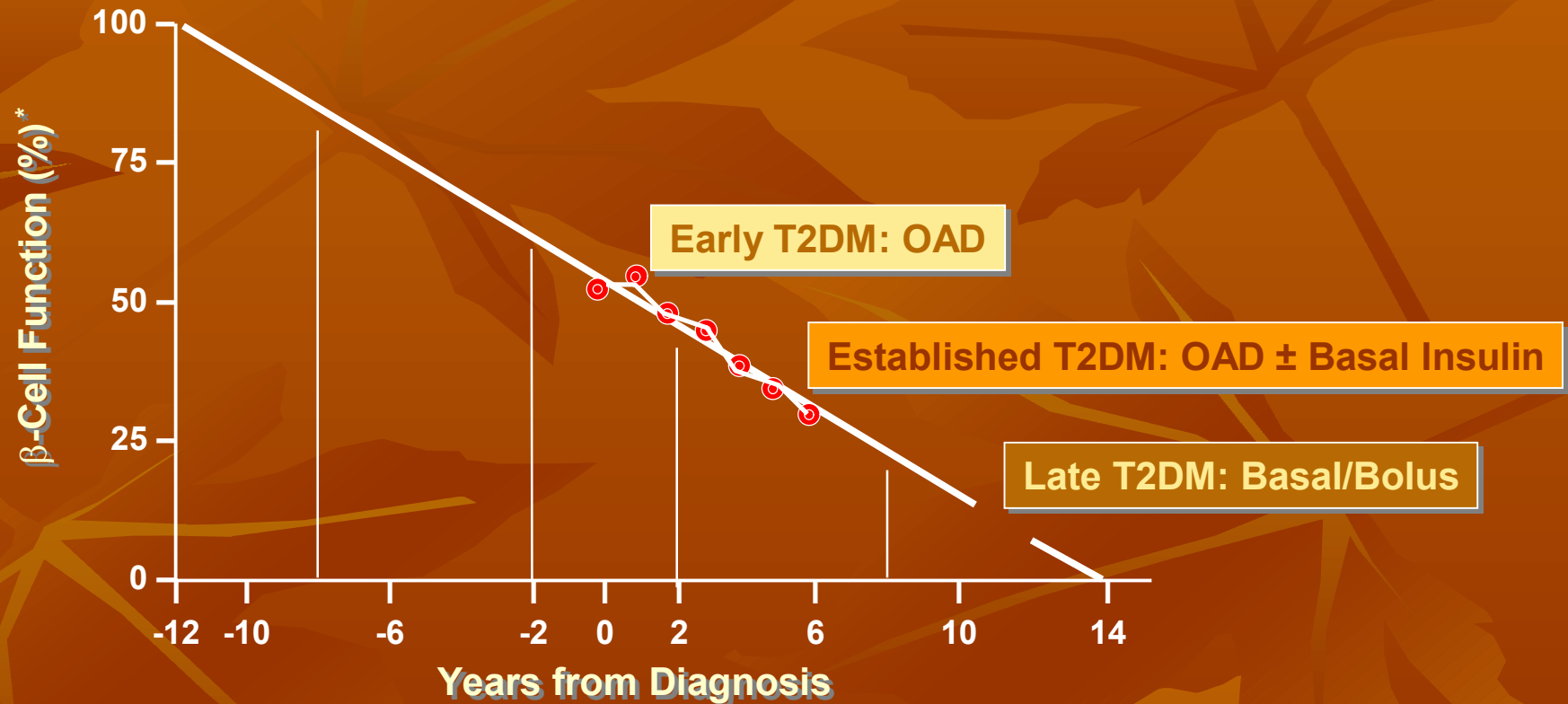
The background of the slide is a solid dark orange color, overlaid with a pattern of lighter orange and brown leaves. The leaves are stylized, with visible veins, and are scattered across the entire background, creating a textured, autumnal feel.

Insulin Initiation and Intensification Case Study

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- CJ is currently a 71 year old WM
- BMI 35.7
- PMH: Gout, HTN, mixed dyslipidemia, and h/o pancreatitis, renal insufficiency
(no GLP-1 agonist, DPP-4 inhibitor, metformin)
- T2DM diagnosed in 1992
at age 57 and BMI 31
(18 years ago)

UKPDS: β -Cell Loss Over Time



* Dashed line shows extrapolation forward and backward from years 0 to 6 from diagnosis based on Homeostasis Model Assessment (HOMA) data from UKPDS. † The data points for the time of diagnosis (0) and the subsequent 6 years are taken from the obese subset of the UKPDS population and were determined by the HOMA model.

Lebovitz HE. *Diabetes Rev.* 1999;7:139-153.

- 1998 On TZD and diet/exercise
- A1c 6.5%
- 2002 (10 years after dx) A1c 7.6% on max dose TZD and 8 mg glimepiride daily
- FBG 133 ó 258 mg/dl
- Insulin Glargine started at 10 units Q hs and pt instructed to call readings to office every few days
- Dose increased over next 3 weeks to 35 units
- Five months later A1c 6.9%

- 2008 A1c 6.6% on 69 units Glargine daily, TZD, glimepiride
- January, 2010 A1c 6.5% on 40 units Glargine, TZD, glimepiride
- May, 2010 A1c 7.1% on 34 units Glargine, TZD, glimepiride
- FBG 92 - 195
- Should we add prandial insulin?
- I increased Glargine
- but I also had him fax BG log every two weeks

- July, 2010
- Logs: FBG 87 ó 124
before meals BG 180 ó 190
- Pt placed on rapid acting analog insulin before each meal
- Glimepiride D/Cød
- Given appt with CDE for instruction on CHO counting and told to use CIR 10
- FBG 80 ó 120
before meals 62 - 198

October, 2010